



SPINAL COURIER

SPINAL CORD
COMMISSION

Vol. 6 No. 1

October 1994

OUTDOOR EXTRAVAGANZA - A GREAT DAY !

On Friday, September 23, around 200 people converged at the Caddo Bend Pavilion at Lake DeGray. The Outdoor Extravaganza was sponsored by ASCC and Quickie Designs, in cooperation with United Medical, Inc., Alliance Home Care, Taylor Home Health Care and the Arkansas Department of Parks and Tourism. The events of the day included: a cookout, fishing, barge rides and several demonstrations of sports equipment.

Skip Wilkins, from Quickie Designs, was the featured speaker, held a clinic on fishing adaptations for people with quadriplegia.



ASCC VISTA Volunteer Karen Schmidt tries out the Shadow Mach III bicycle.

ASCC Receives Grant to Study Secondary Conditions

The Arkansas Spinal Cord Commission received notification in September of a grant award from Centers for Disease Control and Prevention through the Arkansas Department of Health, Office of Disability Prevention. The project is a survey of Arkansans with traumatic spinal cord injuries to identify the incidence and effects of secondary conditions. The project will be conducted over the next two years. A survey instrument will be developed and piloted and then administered by ASCC Case Managers over an eight month period in mid 1995. The results of the survey will assist the Commission and other health service providers in Arkansas and nationally to develop better services to deal with issues such as aging issues and other changes that come with living with a spinal cord injury.

ASCC Director Cheryl Vines will be the Principal Investigator on the project and Jan Maness, BSN, CRRN, SCI Nurse Specialist at Baptist Rehabilitation Institute, will serve as Project Coordinator. ASCC Director of Research and Statistics Tom Farley, Research Analyst Rebecca Myrick and Medical Director Shirley McCluer, working with an national advisory committee, will also be working on the project. The project is slated for completion in July of 1996. You will be learning more about this project as it progresses.

Naturalist Glynda Pryor from the Department of Parks and Tourism brought a tarantula and a garter snake and gave a lecture on these. Several people got the opportunity to get better acquainted with the tarantula by letting it crawl on them. Most people preferred to watch.

One of the highlights of the day was seeing the Kanski water ski demonstrated. After the demonstration, several people with paraplegia wanted to try. Other sports equipment demonstrated were the Shadow Mach III bicycle and the Cyclone.

Those who did not have the opportunity to attend this event, may watch it on videotape at the ASCC office. Copies will be available to check out at a later time.

ASCIA Announces 1994 Scholarships

Arkansas Spinal Cord Injury Association (ASCIA) President Adrian Horton has announced the recipients of the 1994 ASCIA scholarships. The \$500 scholarships are available to any Arkansan with a spinal cord disability who is attempting to further their education. For the second consecutive year, ASCIA presented five scholarships. Recipients this year are:

- Clifton Coates of Little Rock, a student at University of Arkansas, Little Rock.

- Katrina Friddle of Charleston, a student at Westark Community College.

(Continued on page 6)

SPINAL COURIER

Published quarterly by
Arkansas Spinal
Cord Commission

Cheryl L. Vines
Executive Director

Thomas L. Farley
Editor

The Arkansas Spinal Cord Commission does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services.

BUCKLE UP!

VISIT THE ARKANSAS ARBORETUM

A great place to visit this fall is the Arkansas Arboretum. You can stroll and roll along an 8 foot wide, barrier-free, paved path that winds through the woods of Pinnacle State Park. Signs along the half-mile trail describe Arkansas' six geographic regions and narration about the regions is available at the push of a button.

With Fall colors, it will be absolutely gorgeous very soon. In fact, each season is sure to bring its own beauty. But when you go, be certain to take your time along the trail so you can soak up the peacefulness of the outdoors. Slow down and look closely at the trees, birds, plants and insects. Take the opportunity to let your mind be still.

The Arboretum is a short 20-minute drive west of Little Rock on Highway 10, and is an easy afternoon outing for you and your family. The trip will be well worth your time.

SPINAL COURIER Letters

Questions • Suggestions • Directions • Answers

Well, a couple of issues really brought you readers out of the woodwork - let's talk about soda pop and "potty wars!" --- Editor

DON'T LET THEM TAKE IT AWAY!!!

Dear Editor:

In 1992, the Arkansas Legislature passed a tax on soft drinks to help pay for Arkansas' bankrupt Medicaid program which provides critical health care for Arkansas' neediest citizens. Lawmakers rightfully decided to levy this small tax on a nonessential, non-nutritional item, rather than raise the income tax or general sales tax. The tax is only two cents per twelve ounce can of soft drink. Now the "Cola Cartel," funded by and made up of out-of-state interests, provides financing for "Citizens Against Unfair Taxes" (CAUT). They want it defeated because the Arkansas tax has been successful, and they don't want it in more states!

This tax gets \$3 of federal matching funds for every \$1 collected in the state. That means that the \$35 million dollars collected last year bought \$140 million dollars worth of services. And the money is credited to the Arkansas Medicaid Trust Fund. It cannot be spent on other state services.

Medicaid provides many essential health services to almost 400,000 Arkansans who could not otherwise afford them. Some of the services include nursing home care for the elderly, in-home medical equipment, home health services, hospice services for the terminally ill, organ transplants, prescription drugs, artificial limbs, intensive care for newborn babies and hospital care, to name a few.

The tax has not hurt cola sales - in fact, sales are up! If this act is defeated, your life and the lives of those we care about will be worse. A vote against Act One will require Governor Tucker and the Legislature to make drastic cuts in existing programs, including those for children, the elderly, the disadvantaged and the disabled.

Vote **FOR** Act One. Arkansans who receive essential health services are counting on you. Nov. 8th is the day to Keep Arkansas Healthy. Vote **FOR** Act One.

*Faye Bonner
Little Rock, AR*

AN ACT OF KINDNESS - THE SODA POP TAX

Dear Editor:

As the November election approaches, your readers may find that wading through the media circus to get facts about the issues is not an easy task. Many may choose to vote along party lines or get so discouraged by the constant debates that they don't vote at all.

The Area Agency on Aging of Northwest Arkansas has been working with the Committee to Preserve the Medicaid Trust Fund on an issue we hope will not be lost in this frustration. Referred Act One, the "Soda Pop Tax," has been hotly debated. We hope your readers will benefit from the following facts.

- **Referred Act One is not a new tax.** The measure was approved by the Arkansas State Legislature in December 1992, and became effective on March 1, 1993. The money can only be spent on Medicaid services. (Continued on page 3)

- **It is charged at the wholesale level.** A two-cent-per-can tax is currently being charged for a soda pop at the wholesale level. Many other products which are nonessential and non-nutritious are charged similarly.

- **It has not placed a burden on the soda industry or the consumer.** Reports to the Secretary of State's office indicate that consumption and sales of soda pop have risen since the tax became effective. Soda pop prices have remained steady for the consumer and, in some cases, have lowered.

- **It has provided Arkansans with \$140 million in services.** In its first year, the "Soda Pop Tax" raised \$35 million in state funds which were then matched 3:1 by federal dollars. All of this money is being spent on services for the poor, elderly and persons with disabilities.

- **Repeal of the tax could result in the loss of services to 20% of ASCC's clients.** Should revenue be discontinued, services would be cut to 90,000 people in our state. Included in those services is personal care which is considered an optional service under the state plan. Currently, around 20% of ASCC's clients receive personal care.

In order to hang on to these vital services, which are already funded at a minimum, we encourage your readers to **vote YES** on Referred Act One. It is an Act of Kindness.

For more information, please feel free to contact your local Area Agency on Aging office or The Committee to Preserve the Medicaid Trust Fund, 661-1106, Sherry Walker, Chair.

*Wendy Sharp
Aging Services Advocate
Area Agency on Aging of
Northwest Arkansas*

RE: "POTTY WARS"

Dear Editor:

"Hear ye, hear ye, one and all. It is perfectly okay to use the stall for the handicapped." Ann Landers has spoken and retracted her original answer in response to at least one intelligent letter. Using the adapted restroom is more like using a ramp than a parking spot - use by non-disabled people doesn't prevent use by disabled people. Ann stipulates that "should a handicapped person come in, he or she should be invited to go to the head of the line." Sounds reasonable - use, don't abuse.

The other argument is that universal design (which is usable and beneficial to persons with and without disabilities) should become a favored concept, and will help increase overall accessibility and decrease discrimination. If you can put in a ramp or stairs, put in the ramp, because everyone can use it. Bigger bathrooms are wonderful, chiefly because they allow access for people using wheelchairs, but also because they have room for parents with small children and shoppers with big packages. So don't just build one, build several that way (and watch more people spend more money in your mall!) for the convenience of all.

Dear Abby in July of 1993 (7/15/93 to be exact) also wrote about accessible public toilets, supporting a few of them as a "compromise" in response to a reader who thought they were a wasteful expense, on the grounds that "democracy is the greatest good for the greatest number of people." That kind of missed the point of civil rights to access; if there is a real need for public toilets in New York City, then people with disabilities really need them too. No majority has the right to make it impossible for any minority to fully participate in the daily affairs of our democracy. Maybe someday

having a disability won't mean defining the scope of your life by the proximity of accessible toilets. Potty policy has profound implications.

Finally, although correcting our language is not politically popular, my other pet peeve is the way everything accessible or adapted is referred to as "handicapped." Why not "accessible entrance" or "accessible bathroom?" I saw a cartoon of a "handicapped" bathroom - toilet didn't work, sink broken, etc. An accessible parking spot is larger and more able to accommodate human needs, not less - why label it with a miserable old word connoting less able? We'd also better pay some attention to the "w-b" word - it's cropping up more frequently again too.

*Vikki Stefans, M.D.
Assoc. Prof., U.A.M.S., Dept. of
Pediatrics & Physical Medicine
& Rehabilitation
Medical Director, ACH Progressive Rehab Unit*

MORE "POTTY WARS"

Dear Editor:

I read "Dear Abby" last summer, and meant to write her, giving my opinion on handicapped restrooms. I didn't write her, but here is a chance to voice my feelings. We need to determine the meaning of "handicapped." I wouldn't think of using a handicapped parking space. I do often use handicapped restroom stalls. I cannot control my bladder. I wear pads, but they won't hold enough sometimes. I have very little warning time, therefore I head for the nearest restroom (wet clothing and foul odors are embarrassing). I feel no guilt. Some handicaps do not require wheelchairs!

*L. H.
Smithville, AR*

HIGH PROFILE!

JIM SMITH



This is the fifth in a series of articles profiling the ASCC Case Managers.

ishly completes his job; his only expectance of gratitude is knowing he has helped someone along the way.

Jim Smith began his career in Rehabilitation Counseling with a vengeance in 1974 as a Rehab Counselor for the Arkansas Rehabilitation Services, and continued his quest in 1976 with the U.S. Department of Labor. During his tenure at the Department of Labor, Jim received numerous commendations and achievement awards and was named "Counselor of the Year" for three consecutive years. Fortunately for the Spinal Cord Commission clients in Northeast Arkansas, Jim retired from the federal government in 1983 and returned to Jonesboro to continue his excellent service record.

In addition to his many years of employment in the counseling field, Jim's Masters degree in Rehabilitation Counseling has provided the educational background to reinforce his knowledge and ability with service coordination. He is a staunch advocate for those individuals on his caseload and is an expert at utilizing third party resources and community services. Throughout the years Jim has successfully assisted several of his clients' reentry into the work force through coordination of services with the Division of Rehab and referral for small business loans. The potential Jim sees in his clients only reinforces his determination to provide support in their endeavors.

Like many of the ASCC Case Managers, Jim quietly and unself-

FAMILY MEMBERS:

Wife, Vermalene; children, Betty, Mark, Kerry, Kelly, and Todd; and seven grandchildren.

PHRASE TO SUM ME UP: I am what I am and that's all I am.

HIDDEN TALENTS/HOBBIES: Oil coloring of portraits.

MOST PRIZED POSSESSION: My family.

PERSON I ADMIRE THE MOST:

My dad. He was a fair-minded person and helped many people. I feel honored when someone compares me favorably with him.

LAST GOOD MOVIE I SAW OR BOOK I'VE READ:

Steel Magnolias.

IF I COULD GO ANYWHERE IN THE WORLD, IT WOULD BE:

To the Australian Outback - because it's just like the ol' West was. I think I'd be pretty good with a 45.

MOST SIGNIFICANT ASPECT OF MY JOB:

Helping people learn to live with their disability.

BEST ADVICE TO SOMEONE CHOOSING CASE MANAGEMENT AS A CAREER:

Have a good sense of humor, lots of empathy and courage.

BEST ADVICE TO SOMEONE WITH A DISABILITY:

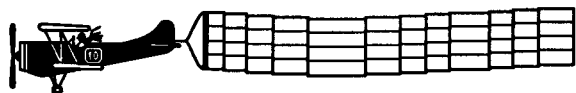
Don't think about what you have lost, but what you have left



Grover Evans Breaks U.S. Records

Grover Evans did it again! He shattered four of his own American records by winning four events at the National Disabled Swimming Championships at Ohio State University this past September. Evans beat his 50-meter backstroke record by 16 seconds with a time of 1:33; his 50 freestyle record by 11:45 seconds with a time of 1:45; his 100 freestyle record by 20 seconds with a time of 3:46.5; and his 50 breaststroke record by nearly a full minute with a time of 3:01. Evans's 50 breaststroke time ranks him third in the world. He has set two world records and 23 national records. In 1992 Evans was a member of U.S. Disabled Swim Team for the Paralympic Games in Barcelona, Spain. While there, he finished sixth and seventh in the world in his respective races.

Evans will be representing the U.S. for the 1994 World Swimming Championships Nov. 1-9 on the island of Malta. This competition is a prelude to the 1996 Paralympics in Atlanta. "I'll go out and do the best I can possibly do," he said. "I've fulfilled many goals and dreams and to have this opportunity to represent my country again is definitely an honor." ASCC is very proud of Evans' accomplishments and wish him the best in Malta. Go for it, Grover!



1994-95 BASKETBALL SCHEDULE

Rollin' Razorbacks

- Dec. 3 - 4 - Cent. AR Rehab Invitational - Sherwood
- Dec. 17 - 18 - American Airlines Invitational - Dallas
- Jan. 14 - 15 - Worthen/Gwatney Classic - Sherwood
- Jan. 21 - 22 - Music City Invitational - Nashville
- Feb. 3 - 5 - Quickie Classic - Las Vegas
- Feb. 17 - 19 - US Pizza Invitational - Sherwood
- Feb. 25 - 26 - Regionals - TBA
- Mar. 11 - 12 - Sectionals - TBA
- Mar. 25 - 26 - Nationals - Philadelphia



For information, call 834-8513
All home games at Sylvan Hills High School in Sherwood

Junior Rollin' Razorbacks

- Nov. 18 - 20 - Southern Illinois Tournament - Carbondale
- Dec. 10 - 12 - Memphis Invitational - Memphis
- Jan. 6 - 8 - Jr. Rollin' Razorback Classic - Sherwood
- Feb. 3 - 5 - Tulsa Invitational
- Mar. 31 - Apr. 2 - Jr. Nationals - Whitewater, WI

For information, call 767-9185
All home games at Sylvan Hills High School in Sherwood

Ft. Smith Shooting Stars

- Nov. 5 - 6 - AR Valley Confer. Tournament - Ft. Smith
- Nov. 19 - At Muskogee, OK
- Dec. 3 - Muskogee at Ft. Smith
- Dec. 17 - 18 - Memphis Tournament - Memphis
- Jan. 7 - Oklahoma City at Ft. Smith
- Jan. 14 - At Oklahoma City
- Jan. 21 - Tulsa at Ft. Smith
- Feb. 18 - 19 - US Pizza Invitational at Sherwood
- Feb. 25 - 26 - Regionals - TBA
- Apr. 22 - 23 - Kansas City Purple Tournament - Kansas City

All home games at Westark Community College in Ft. Smith

FLYING - IT'S FOR YOU !

Flying is for anyone who has the desire and discipline. There are approximately 2,000 licensed pilots with disabilities in the United States today. I am proud to be one of them. Flying is therapeutic and offers me a sense of serenity that is unique to any other activity.

I began my flying lessons in 1974 while working at Midwest Lime Company in Batesville, and received my license in March 1975. As the company pilot flying a Beechcraft Bonanza, I enjoyed the variety flying offered me. In any given day, I may have found myself in a number of cities a few hours after my workday began.

My son, Jeremy, was born soon after I started flying and was two weeks old when he took his first of many airplane rides. Flying became so common to him that when we would make plans to go somewhere, he would ask me, "Are we flying or driving?"

Continued on Page 8

Syringomyelia

by Shirley McCluer, M.D.

Recently I have heard of several individuals in Arkansas who have developed Syringomyelia, so it seemed to be a good topic to write about. Syringomyelia is a complication following spinal cord injury (SCI) that you may not be familiar with. It has been reported to occur in 1-8% of cases of traumatic spinal cord injury.

What is Syringomyelia? It is a cyst filled with spinal fluid which develops inside the spinal cord. It causes nerve damage from pressure as the cyst gets larger. Thus, it is important to diagnose it as soon as possible. The exact cause is not clearly understood. There is so much variation from one case to another that it is impossible to predict who might be at risk. Therefore, it is important for each of you to know when to suspect that you may have a developing cyst.

What do we know about Syringomyelia?

- It can occur following either complete or incomplete spinal cord injuries.
- Symptoms can begin suddenly or very gradually.
- It can occur at any level of the spinal cord, from cervical to lumbar.
- It can begin any time from a few weeks to many years after the SCI.
- It can sometimes be very extensive before symptoms are noticed.



ASCIA SCHOLARSHIPS

(continued from page 1)

- James Lewis, Jr. of Little Rock, a student at University of Arkansas For Medical Science School of Medicine
- John Noel of Conway, a stu-

- The cyst can extend either above or below the original injured area.
- It sometimes extends into the brain stem.

What Symptoms Are Suggestive of Syringomyelia? The most obvious symptom is loss of sensation or loss of muscle function above the previous injury level. Other signs are non-specific, such as an increase in spasticity, an increase in autonomic dysreflexia, an increase in pain or a change in the location or type of pain. Syringomyelia is often suspected after all other causes are ruled out. Any change in your neurological findings should be reported to your doctor as soon as possible.

How Is It Diagnosed? Until recent years, it was necessary to do a myelogram using a dye injected into the spinal fluid to demonstrate the cyst. The test had some risk and the cysts were often missed. However, the MRI (Magnetic Resonance Imaging) has changed that. MRI is more accurate and less risky, but is very expensive.

How Is It Treated? Each case must be evaluated carefully. With a large, symptomatic cyst, the treatment is surgical. Usually a small tube is inserted into the cyst to drain the fluid out (decompression) and the tube is left in place to prevent the cyst from filling up again. A smaller cyst with questionable symptoms may be



watched over a period of time to see if it is severe enough to justify the risks of surgery.

How Successful Is the Surgery?

In many cases, surgery is very successful in preventing further nerve damage, which is the primary reason for doing surgery. Whether or not the nerve damage caused by the cyst before the surgery will recover depends on how severely the nerve cells were damaged. This cannot be tested or predicted. Only time will tell, the same as after the original spinal cord injury (see Fact Sheet #12 - "Predicting Outcome in SCI"). The surgery itself is a major operation with considerable risks, including the possibility of further neurological damage. Occasionally the drainage tube will become blocked and another operation becomes necessary.

Conclusion: The sooner Syringomyelia can be diagnosed, the less damage it is likely to do. Therefore, suspicious symptoms should be discussed promptly with your spinal cord doctor.

If you need more specific information, contact the ASCC Resource Center at 296-1784.

dent at University of Central Arkansas

• Tiffany Williams of England, a student at Pulaski Technical College

Competition for this year's scholarships was close and the Arkan-

sas Spinal Cord Commission joins the Arkansas Spinal Cord Injury Association in congratulating these recipients. For additional information about the ASCIA and/or the scholarship program, contact President Adrian Horton at 568-6406.

NEW BOOK IN THE RESOURCE CENTER

No Pity: People with Disabilities Forging a New Civil Rights Movement, written by Joseph P. Shapiro, reveals a most timely political movement - that of disability rights for over 43 million disabled Americans. The author chronicles the struggle of disabled people for full inclusion in American life. Mr. Shapiro's five year in-depth research delves into the personal stories of several individuals with disabilities who have fought to achieve respect and dignity.

Mr. Shapiro provides a model of what is wrong (and occasionally right) with America's social-service system. He maintains it is not the many chronic illnesses and disabilities that distinguishes the disabled population from the majority of Americans, but rather an attitude of prejudice in society at large, that refuses to recognize that the disabled person is entitled to every right and privilege America can offer.

No Pity is interesting and informative reading and will move readers to recognize the real need for the disability rights movement.

From the Director

So often lately, I hear people say, "He needs a role model," or "If she just had a role model, she would know what she wants to be," and "How do we find role models?". Whether it's kids at risk, kids with disabilities, adults with new disabilities, people seem to think that a role model is the answer. But, how do you find role models? Who wants to be one? Can any of us stand the scrutiny of our every action to truly say we are role models? Many of the famous folks, sports heroes and such who have often worn that title surely haven't lived up to it. Do you have to have similar life experiences to be one? Does a young person who uses a wheelchair need a role model in a chair?

Difficult questions and thoughts for all of us, especially parents and folks in leadership roles. Thinking back, who were my role models? The fifth grade teacher who told me it was okay to be left-handed? Chris Evert? (I'm still trying to master tennis) My parents? While I wouldn't want to live the lives of any of those folks, they all had great impact on the way I try to live my life. Today, my role models are those people who are working hard to improve their lives and those of others. Those folks who volunteer and dream and go the extra mile. Harry and I had the opportunity to attend the "Reach for the Stars" banquet in Jonesboro last month and listened to the accomplishments of dozens of "everyday folks" living with disability who were making a difference in someone's life. Now, there are some role models.

They say you can't see the forest for the trees. Instead of looking to Dallas and Hollywood and Washington for our role models, try looking a little closer to home, here in our own state, towns, homes, within yourself - you'll be amazed at what you find!

Cheryl Vines

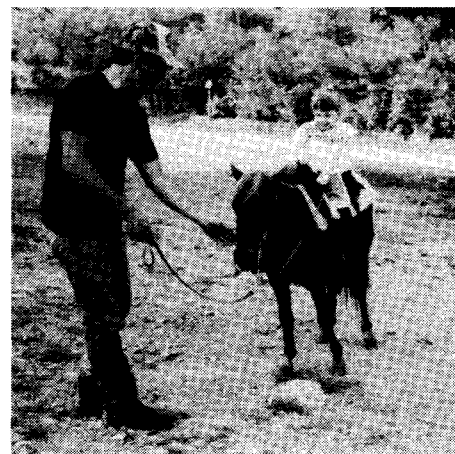
RIDE 'EM, COWGIRL !

Shelbye Eden Walker, born in 1991 with Spina Bifida, is an adventurous young girl who has a great love for animals. She and her parents, Larry and Julie, live on a farm in northwestern Fulton County near Norfolk Lake - a perfect location because it allows Shelbye to have her dearly loved pony.

There was a problem, however. Shelbye could not ride her pony without one parent holding her onto the pony's back and the other parent leading the pony. She wasn't pleased with this arrangement like most other children she

wanted to ride her pony by herself. Something had to be done.

Larry and Julie contacted ASCC Case Manager Charles Crowson about the possibility of finding a special saddle designed for children with physical disabilities. He didn't know of any, but several ideas were tossed and the Walker's purchased a child's seat made for a bicycle. After necessary modifications were made so the bicycle seat would fit Shelbye and the saddle, the seat was attached to her saddle. A wide velcro band was used to hold her securely in the seat.



Now Shelbye can "ride by myself," (of course, the pony must still be led since Shelbye is so young, but as she gets older she'll be able to be more independent). Happy trails to you, Shelbye!

FLYING - (Continued from page 5)

On my way to work in April 1979, I was involved in an auto crash that resulted in a spinal cord injury. After rehabilitation, with approximately 1,000 hours of flying time, I began what turned out to be a three year campaign of letter writing and phone calls to the Federal Aviation Authority to try to get my flying "medical" back. I already had a Cessna Cardinal 177, and was eager to start flying again. In those days, it was very difficult to do so after such an injury. Thankfully, for pilots with disabilities today, the process to get a medical is a matter of only a few months.

My perseverance paid off, and I started flying again. The hand controls that managed the rudder pedals on the Cardinal were designed by a paraplegic in Kentucky, and were approved by the FAA in the mid 1970's. In 1987, my friend Adrian Horton and I decided to take the Cardinal to the Experimental Aircraft Association Annual Fly-In at Oshkosh, Wisconsin where tens of thousands of planes are flown in and shown. "Who's flying that thing?" was a frequent question from those watching us pulling out our wheelchairs as we made various stops for fuel and landings.

Presently, I own a 1946 Ercoupe, the only airplane designed without rudder pedals, which means that I don't have to use hand controls, and the first to be designed with front tricycle gear. Previously, all airplanes were "tail-draggers," meaning that the landing gear was on the tail of the plane. With a little help from my friends, I can manage to get myself up on the wing and into the canopy-style cockpit.

I still find it difficult to describe the feelings of freedom, accomplishment and peace that flying has offered me over the last 20 years. The stress of daily living is quickly erased when I'm flying, without a destination or time frame, 3,000 feet over the trees, lakes and mountains, taking in the beauty of the land for miles at a time. I thank God for the wonderful opportunities that He has granted me in my life, and I feel privileged to participate in an activity, that not long I could not.

Anyone interested in flying, can contact me for more information, or call any of the various local airports for lessons. It takes approximately 40 hours of flying time, and a written FAA examination to obtain a private pilot certificate. The cost is around \$2,200, but the rewards of flying are worth every penny.

Glennis Sharp, ASCC Commission Member

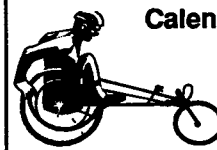
SPINAL COURIER

Arkansas Spinal Cord Commission
1501 North University, Suite 470
Little Rock, AR 72207

Commission Members:

Grover Evans - Jonesboro (Chair)
Sloan Lessley - Calico Rock
Russell Patton - Jonesboro
Glennis Sharp - North Little Rock
Sheila Galbraith Bronfman - Little Rock

FORWARDING AND RETURN
POSTAGE GUARANTEED,
ADDRESS CORRECTION
REQUESTED



Calendar of Upcoming Events

5K Race Against Hunger RUN THE HEIGHTS

Nov. 5th

The race begins at 8am, with the wheelchair division just ahead of the runners. The hunger hikers will follow as we enjoy the beautiful fall foliage in on the prettiest areas of Little Rock. T-Shirts to all entrants, door prizes, and medals three deep in 13 categories. Contact SPORTS-TOP in the heights or Calvary Baptist Church at 1901 N. Pierce Street for details and registration forms.

FISHING DERBY

October 29, 1994

10:00 to 12:00 Noon

Rest Haven Memorial Park
Lake, Russellville, AR on
Hwy. 7-T. For details, please
call ASCC Case Manager
Robert Griffin at 890-5751.

*To have activities announced in the
January '95 issue of Spinal Courier,
call the Editor at 296-1784 by
12/22/94.*

Printed on recycled paper.

BULK RATE
US POSTAGE
PAID
Little Rock, AR
Permit # 3168